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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1418US
First Named Inventor	Ingo KONETZKI
COMPLETE IF KNOWN	
Application Number	10 / 697,526
Filing Date	10/30/2003
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dihydroxymethylphenyl Derivatives, Processes For Preparing Them, And Their Use As Pharmaceuticals

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **10/30/2003**

as United States Application Number or PCT International

Application Number **10/697,525**

and was amended on (MM/DD/YYYY) _____ (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or Inventor's certificate, or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
DE 102 53 220	Germany	11/15/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/434,053	12/17/2002	<input type="checkbox"/>

[Page 1 of 2]

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PTO/SB/01 (12-87)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number _____ → Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Anthony P. Bottino	41,629
Michael P. Morris	34,513	Susan K. Pocchiari	45,016
Mary-Ellen M. Devlin	27,928	Philip I. Datlow	41,482
Alan R. Stempel	28,991	David A. Dow	46,124
Timothy X. Witkowski	40,232		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number 28501 OR Correspondence address below

Name			
Address			
Address			
City	State	ZIP	Fax
Country	Telephone		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname			
Ingo	KONETZKI				
Inventor's Signature	<i>Ingo Konetzki</i>				Date 2-18-2004
Residence: City	Warthausen	State	Country	Germany	Citizenship DE
Post Office Address Muellerweg 9					
Post Office Address					
City	Warthausen	State	ZIP	88447	Country Germany

Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PTO/SB/02A (08-03)

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ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 3

DECLARATION

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kurt		SCHROMM	
Inventor's Signature	<i>Kurt Schromm</i>		Date <i>Febr. 12, 2004</i>
Residence: City	Ingelheim am Rhein	State	Country Germany Citizenship DE
Mailing Address	In der Doerwiese 35		
Mailing Address			
City	Ingelheim am Rhein	State	Zip 55218 Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hermann		SCHOLLENBERGER	
Inventor's Signature	<i>Hermann Schollenberger</i>		Date <i>Febr. 12. 2004</i>
Residence: City	Ingelheim am Rhein	State	Country Germany Citizenship DE
Mailing Address	Hauff-Strasse 4		
Mailing Address			
City	Ingelheim am Rhein	State	Zip 55218 Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Sabine		PESTEL	
Inventor's Signature	<i>Sabine Pester</i>		Date <i>Febr. 12, 2004</i>
Residence: City	Biberach	State	Country Germany Citizenship DE
Mailing Address	Thueringenstrasse 43		
Mailing Address			
City	Biberach	State	Zip 88400 Country Germany

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No. 1/1418US

PTO/SB/02A (08-03)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Page <u>2</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andreas		SCHNAPP	
Inventor's Signature	<i>A. Schnapp</i>		
Residence: City Biberach	State	Country Germany	Citizenship DE
Mailing Address	Esterbuch 5		
Mailing Address			
Biberach	State	Zip 88400	Country Germany
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Thierry	BOUYSSOU		
Inventor's Signature	<i>Thierry Bouyssou</i>		
Residence: City Mietingen	State	Country Germany	Citizenship FR
Mailing Address	Ulrich-Schmid-Strasse 7		
Mailing Address			
City Mietingen	State	Zip 88487	Country Germany
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Frank	BUETTNER		
Inventor's Signature	<i>Frank Buettner</i>		
Residence: City Ummendorf	State	Country Germany	Citizenship DE
Mailing Address	Panoramastrasse 36		
Mailing Address			
City Ummendorf	State	Zip 88444	Country Germany

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
		Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Claudia		HEINE	
Inventor's Signature <i>Claudia Heine</i>			Date 3 - 8 - 2004
Residence: City Biberach	State	Country Germany	Citizenship DE
Mailing Address Hugo-Haering-Strasse 10			
Mailing Address			
City Biberach		State	Zip 88400 Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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